

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31596

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**

Primary Registration District No. **1003**

File No.....
Registered No. **8305**
St. Ward)

2. FULL NAME

(a) Residence, No. **5900 Emma** St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. **11 mos.** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-33		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME **Annie Walter**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

17. INFORMANT (ADDRESS) **Emily Walter**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis** DATE **Nov 23, 1933**

19. UNDERTAKER (ADDRESS) **St Louis**

20. FILED **SEP 23 1933**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-23-33**

22. I HEREBY CERTIFY, That I attended deceased from **9-22-33** to **9-23-33**

I last saw h. **him** alive on **9-23-33** Death is said

to have occurred on the date stated above, at **6:30** m.

The principal cause of death and related causes of importance were as follows:

Premature infant
159
7 mos.
Weight 4 3/4

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify.....

(Signed) **D. S. Smith**

(Address) **5329 River View Blvd.**

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Figure 1